CASEREVIEW

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Notice of Independent Review Decision

October 13, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Caudal Epidural Utilizing Catheter under Fluoroscopy with IV sedation L5-S1.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician has over 8 years of experience in Pain Management and as a Board Certified Anesthesiologist.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who was injured while xxxxx on xx/xx/xx. He was treated with conservative and rehabilitative care and finally underwent surgical intervention consisting of a laminectomy, discectomy, foraminotomy, and partial facetectomy at L3-4 and L4-5 in 2008. His pain continued and he underwent translaminar ESI therapy through his scar site with no relief.

On September 12, 2013, Lumbar Spine Series, Impression: 1. Multilevel degenerative disc disease and facet osteoarthritis. 2. No acute osseous abnormality demonstrated. 3. No abnormal translational motion with flexion or extension. 4. Mild left convex curvature of the lumbar spine.

On September 12, 2013, MRI Lumbar Spine, Impression: Extensive degenerative disc disease and facet osteoarthritis most significant at L3-L4, L4-L5, and L5-S1. Full details of spinal canal and neural foraminal narrowing provided on a level by level basis above. (L5-S1: There is a large central disc extrusion superimposed upon a broad-based disc bulge. The extrusion measures 7 mm in AP dimension and 9 mm in transverse dimension. This produces moderate to severe spinal canal stenosis with severe narrowing of both lateral recesses. Facet osteoarthritis is present as well. Combination of findings produces severe bilateral neural foraminal narrowing.

On May 20, 2015, the claimant had a follow-up who reported his pain was under control with his current regimen of taking Neurontin titration and Tylenol #4 and was on a home exercise program. Pain was rated 3/10. On physical exam he was in mild discomfort. He had an antalgic gait. He had difficulty with left heel and toe walk. He was tender to palpation of the spinous process and paraspinal musculature. Straight leg raise was positive on the left. Impression: Low back pain, Lumbosacral neuritis, Lumbosacral stenosis with radiculitis, Herniated nucleus pulposus. Plan: Transfer care to another physician. Continue Neurontin, Tylenol and home exercise program.

On June 29, 2015, the claimant presented for an initial pain evaluation. His chief complaint was chronic persistent axial back, bilateral buttock and left greater than right leg pain associated numbness, weakness and tingling. An online risk assessment and psychological inventory was performed and his CESD showed good pain coping mechanisms. His efficacy scores were moderate as the PSEQ was 23 out of 60 and his opioid risk tool showed low risk factors for narcotic abuse. The claimant reported that the pain limited his activities of daily living; the he could not walk for long distances, left, bend or perform recreational activities which he formally enjoyed. On physical exam he was in moderate distress with an antalgic limp and gait. He had multiple areas of trigger point tenderness through the thoracolumbar spine. He had a positive straight leg raising sign on the left at 60 degrees with moderate sciatic notch tenderness. He had trigger points throughout his lower lumbar spine. Toes were down going. No ankle clonus was elicited. Diagnoses: 1. Postlumbar laminectomy pain syndrome with recurrent left greater than right lumbar radiculopathy to having failed surgical rehabilitative and medical treatment options. 2. Secondary generalized deconditioning with myofascial pain of the lumbar spine. 3. Mild reactive depression, insomnia in chronic pain sate. Plan: Institution of neuropathic as well as tricyclic antidepressant support. Try oral medicines prior to instituting caudal epidural blockade. Spinal stimulation will be reserved for recalcitrant pain.

On July 13, 2015, the claimant presented for follow up with continuous sharp, burning and shooting pain into his left buttock, left posterior thigh into his foot area. On physical exam he had a positive straight leg raising on the left, decreased pinprick sensation at L5 distribution and moderate lumbar interspinous tenderness. Plan: recommend caudal epidural blockade utilizing catheter approach.

On August 11, 2015, UR. Rationale for Denial: According to the Official Disability Guidelines, the criteria for an epidural steroid injection include: radiculopathy that is corroborated by physical examination findings and imaging studies and/or electrodiagnostic testing and there should also be documentation the patient has failed adequate conservative treatments prior to the injection request. The patient was noted to have chronic low back pain with a positive straight leg raise on the left and decreased sensation at the L5 distribution. There was also an imaging study indicating the patient has severe bilateral neural foraminal narrowing at the L5-S1. However, the request as submitted failed to specify the level and side intended for the injection. Moreover, the request for IV sedation is not medically necessary as there was lack of documentation indicating the patient had severe anxiety. Based on the above, the request for a caudal epidural utilizing catheter under fluoroscopy with IV sedation in its entirety is not supported and therefore is non-certified.

On July 13, 2015, the claimant presented for follow up. He continued to have a positive straight leg raising on the left. He had moderate sciatic notch tenderness. He continued to score high on his psychological inventory as well as his GAD-7 test suggestive of mild-to-moderate reactive depression and anxiety. He did report his sleep improved and he was feeling much more rested following institution of amitriptyline now 20 mg q.h.s. He was getting fair relief, much improved from previously utilizing a combination of a weak narcotic analgesic and gabapentin now 600 mg t.i.d. That combination reportedly helped his pain at least 20% to 30%.

On September 14, 2015, UR. Rationale for Denial: The updated documentation addressed the reasons for request denial. The patient presented on follow-up with radiating low back pain, accompanied by positive root tension signs and altered sensation along the distribution of L5. In addition, a prior lumbar spine MRI documented evidence of multilevel neural foraminal narrowing, which corroborates lumbar radiculopathy. Furthermore, there was evidence of anxiety supporting the request for intravenous sedation. However, there was no evidence of failure of recent conservative care including active therapy and pain medication supporting the use of injections for pain management. Notably, the patient reported pain relief from his pain medications and there

was no evidence of recent participation in active, supervised therapy I the submitted records. Given these issues, the medical necessity of this request is not established and the previous denial is upheld.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse determinations are upheld. Updated documentation showed the claimant with radiating low back pain, accompanied by positive root tension signs and altered sensation along the distribution of L5. In addition, a prior lumbar spine MRI documented evidence of multilevel neural foraminal narrowing, which corroborates lumbar radiculopathy. Additionally, there was evidence of anxiety supporting the request for intravenous sedation. However, there was no evidence of failure of recent conservative care including active therapy and pain medication supporting the use of injections for pain management. Therefore, this request for Caudal Epidural Utilizing Catheter under Fluoroscopy with IV sedation L5-S1 is non-certified.

PER ODG:

Criteria for the use of Epidural steroid injections:
Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.
(1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.
(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants & neuropathic drugs).
(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.
(4) *Diagnostic Phase:* At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.
(5) No more than two nerve root levels should be injected using transforaminal blocks.
(6) No more than one interlaminar level should be injected at one session.
(7) *Therapeutic phase:* If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)
(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.
(9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.
(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**